

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT

I authorize Douglas County to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account listed below:

Financial Institution Name _____ Account Number _____
checking _____ or savings _____

A "VOID CHECK" for the requested account must accompany this authorization.

This authority is to remain in full force until Douglas County has received written notification from me of its termination in a timely manner to afford Douglas County a reasonable opportunity to act on it.

Name (please print) _____ Employee Number _____

Signature _____ Date _____

Note: All final pay checks are given to the Human Resources Department for delivery to the employee upon completion of the final termination papers. Therefore, upon separation from Douglas County, all employees signed up for direct deposit will receive their final pay in the form of a check.

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AUTHORIZATION TO DISCONTINUE DIRECT DEPOSIT

I, _____ -authorize Douglas County to discontinue direct deposit of my payroll check as of _____ date

Name (please print) _____ Employee Number _____

Signature _____ Date _____

PPE EFFECTIVE _____